# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

			<del></del>	
The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST  SCOTT  NICKNAME LAST	MI	OFFICE USE ONLY  Date Received  City Clerk	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CO 120 West Hopkins; Stan Marcos, TX = AREA CODE PHONE NUMBER (512) 557-8000		'JAN 12 2016 City of San Marcos  Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  Hena  NICKNAME  Duran	MI SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	, ,	78666	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 567 - 7691	EXTENSION		
9 REPORT TYPE	January 15 30th day before elec		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year io / 25/2015	THROUGH 12	Day Year 31 / 2015	
11 ELECTION	ELECTION DATE  Month Day Year Primary  1 / 0 3 / 2015 General	ELECTION TYPE  Runoff Other Description  Special		
12 OFFICE	San Marcos City Country Place 5	el 13 OFFICE SOUGHT (If known)		
GO TO PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL.			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages				
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 4999	
	2. TOTAL	POLITICAL CONTRIBUTIONS	1000	
		THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,14999	
EXPENDITURE TOTALS	3 TOTAL POLITICAL EXPENDITURES OF \$100 OF LESS			
	4. TOTAL POLITICAL EXPENDITURES \$ 6,19074  CONTRIBUTION 5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY.			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 9,453 63			
			1,100	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
18 AFFIDAVIT		I swear, or affirm, under penalty of perjutive and correct and includes all inform		
JA JA	MIE LEE PETTIJOHN	under Title 15, Election Code.		
Notary	Public, State of Tex	as .		
My Commission Expires March 04, 2018  Stitt Cycy				
		Signature of Candida	ate or Officenoider	
AFFIX NOTARY STAMI	P/SEALABOVE			
Sworn to and subscr	ibed before me. b	y the said Soft Guasan	this the 12th	
day of	A 6	o certify which, witness my hand and seal of office.		
The state of the s				
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath				
Signature of officer a	aministering oath	Printed name of officer administering oath	Title of officer administering oath	

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### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID	) (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,10000
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	us \$ 175
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUT	TIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 6,18899
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ns \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_\_) MARK BERINS 6 Contributor address; City; State; Zip Code 57 26 VALKEITH DR., Hou Ston TX 77096 4 Date 7 Amount of contribution (\$) \$ 50000 Date out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 11/9/15 RICHARD CARL, PHD. Contributor address; City; State; Zip Code 601 University DR., San Marcos, IX 78606 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 1519 SPRUCE STREET, PHILADELPHIA, PA19192 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME SCOTT GREGSON	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name PAY PAL			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
[15	2221 N. 1ST ST, San	Jose, CA 95131		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name I	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		
Fames and dated to Tarres Fals	lan Caranalantan terretakan atata bu	Devised 0/0/004		

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#### SCHEDULE G

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#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The instruction Guide explains how to complete this form. 2 FILER NAME Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) SCOTT GREGSON 4 Date 6 Amount (\$) STATE HWY 123 934 Reimbursement from San Marcos, TX 18666 political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF Food/Bererage Expense **EXPENDITURE** ☐ Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder nam Office sought Office held expenditure to benefit C/OH Date Payee address; City; State; Zip Code Amount (\$ 933 HIGHWAY 80 San Marcos, TR 78666 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Pavee name Payee address; Amount (\$) City; State; Zip Code Reimbursement from political contributions intended (b) Description Category (See Categories listed at the top of this schedule) **PURPOSE** Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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Event Expense Fees Food/Beverage Expense Gilft/Awards/Memorials Expense Legal Services Loan Repayment/Relimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politi Credit Card Payment	ical Committee	Legal Services The Instruction		es/Wages/Contract Labor to complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NA	ME OTT GRE	SSON		3 Filer ID (Ethics Commission Filers)
4 Date 10 28 (15	5 Payee na	Tex Tex	cas STA	TE PARKIN	6
Amount (\$)  Reimbursement from political contributions intended	7 Payee ad . Unit	lersity DR	State; Zip Code	66	
8 PURPOSE OF EXPENDITURE		See Categories listed at			le of Texas. Complete Schedule T. X, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C		ate / Officeholder i	name	Office sought	Office held
Date   0   27   15	Payee nar	ne ICE DEP	OT		
Amount (\$)  4328  Reimbursement from political contributions intended	Payee add	Springton	State; Zip Code In Way TR 1866	6	
PURPOSE OF EXPENDITURE		See Categories listed at 1			e of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder r	name	Office sought	Office held
Date	Payee nar	ey NORM	AN		
Amount (\$)  Reimbursement from political contributions intended	Payee add	iress; city; Old RR 1' Marcos,	State; Zip Code Z Apt 104 TX 18666		
PURPOSE OF EXPENDITURE	۸	See Categories listed at t	he top of this schedule)		e of Texas. Complete Schedule T. K, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder r	ame	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Poli	tical Committee	Legal Services	Salaries/Wages/Contract Lab	or Other (enter a category not listed above)
Credit Card Payment		The instruction Guide expl	ains how to complete this for	m.
1 Total pages Schedule G	2 FILER NA	ME		3 Filer ID (Ethics Commission Filers)
	50	OTT GREGSON		
4 Date	5 Payee nai	ne		
10/27/15	Sul	PER CHEAP S	516NB	
6 Amount (\$)	7 Payee ad	dress; City; State; Waterford Cen	Zip Code	
5358	9200	Waterford Cen	tre Blva, 7900	
Reimbursement from political contributions intended	Au	STIN, TX 7875	53	
8 PURPOSE	(a) Category	(See Categories listed at the top of this	schedule) (b) Description	
OF	1.1.10	rtisig Expense	Check if trav	el outside of Texas. Complete Schedule T.
EXPENDITURE	reme	riisig cynchise	Check if A	ustin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/		ate / Officeholder name	Office sought	Office held
experience to position or				
Date	Payee nar	ne		
10/27/15		GON PRINTIN	G	
Amount (\$)	Payee add	dress; City; State;	Zip Code	
15826	10423	3 McKaria Pl		
Reimbursement from political contributions intended	A	ISTAN, TR 78	758	
	Category	See Categories listed at the top of this	schedule) (b) Description	
PURPOSE	A-1-	Do	Check if trav	el outside of Texas. Complete Schedule T.
EXPENDITURE	HOLVI	PRINTING	Check if Au	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		ate / Officeholder name	Office sought	Office held
experience to belieff of				
Date	Payee nan	ne		
10/27/15	PARA	SON PRINTING		
Amount (\$)	Payee add	lress; City; State;	Zip Code	
15913	10423	3 McKALLAPI		
Reimbursement from political contributions intended	Au	5 McKALLAPI STIN, TX 7875	58	
DI INDO	<del> </del>	See Categories listed at the top of this	14.5	
PURPOSE OF	Do	NTING	Check if trave	el outside of Texas. Complete Schedule T.
EXPENDITURE	IKI	NTING	Check if Au	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/		ate / Officeholder name	Office sought	Office held
	ATTA	CH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	IEEDED

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The instruction Guide explains how t	o complete this form.			
1 Total pages Schedule G:	2 FILER NAME SCOTT GREGSON	3 Filer ID (Ethics Commission Filers)			
4 Date 1108(15	5 Payee name				
6 Amount (\$)  16573  Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 200 W, Hopkins St. Saullarcos, TX 7866	6			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Elect Expluse	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name DH	Office sought Office held			
Date 10/31/15	Payee name FACEBOOK				
Amount (\$) 17495	Payee address; City; State; Zip Code				
Reimbursement from political contributions intended	Mento PARK, CA 94205	õ			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held			
Date 10/29/15	PARAGON PRINTING				
Amount (\$) 249 25	Payee address; City; State; Zip Code 10423 McKALLA PI				
Reimbursement from political contributions intended	Austin, TR 78758				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  Credit Card Payment					
The Instruction Guide explains how to complete this form.					
1 Total pages Schedule G:	2 FILER NA	OTT GRE	GSON		3 Filer ID (Ethics Commission Filers)
1   08   15	5 Payee na	T CELLAR	)		
6 Amount (\$) 28256	7 Payee ad	dress; City;	State; Zip Code		
Reimbursement from political contributions intended	Sai	Marcos,	TX7866	6	
8 PURPOSE	(a) Category	(See Categories listed at the	top of this schedule)	(b) Description	
OF EXPENDITURE	FOOD	s / Beverage +	Spense		le of Texas. Complete Schedule T. X, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder na	ıme	Office sought	Office held
Date	Payee nar		ENICH		
Amount (\$)	Payee ad		State; Zip Code	· · · · · · · · · · · · · · · · · · ·	
48900	1	NG LENOOD	•		
Reimbursement from political contributions intended	Sav	Marcos,	TR 78664	9	
PURPOSE		(See Categories listed at the		(b) Description	
OF EXPENDITURE	Rei	m bursem	ent	I	le of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/G		ate / Officeholder na	me	Office sought	Office held
Date	Payee nar	ne			
11/12/15	JUFF	REY BRADE	HAW		
Amount (\$)	Payee add	dress; City; Ram Seu	State; Zip Code	516	
Reimbursement from political contributions intended	San	Ramsey Marcos,	IX 186	66	
PURPOSE		(See Categories listed at the		(b) Description	
OF EXPENDITURE	Consu	lting Exper	use	i —	e of Texas. Complete Schedule T. X, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder na	me	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) 4 Date 25062 Reimbursement from political contributions intended 8 (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** ☐ Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Amount political contributions intended Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder Office sought Office held expenditure to benefit C/OH Date City; State; Zip Code Amount (\$' Reimbursement from political contributions intended (b) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how t	o complete this form.		
1 Total pages Schedule G:	2 FILER NAME SCOTT GREGSON	3 Filer ID (Ethics Commission Filers)		
4 Date   0   3   15	5 Payee name			
Amount (\$)    Heimbursement from political contributions intended	7 Payee address; City; State; Zip Code 301 N COWARD GARY St. San Marcos, TX 78666			
PURPOSE OF EXPENDITURE  9 Complete ONLY if direct expenditure to benefit C/0	(a) Category (See Categories listed at the top of this schedule)  ADVENTISTIC CAPUSA  Candidate / Officeholder name  OH	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office sought  Office held		
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held		
Date	Payee name			
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				